| B1 (Official Form 1)(04/13)   |  |   |   |  |  |   |   |                 |                            |   |
|---|--|---|---|--|--|---|---|-----------------|----------------------------|---|
|   | United S   |   |   | ruptcy<br>t of Ohio  |  |   |   |                 | Voluntary                  | Petition  |
| Name of Debtor (if individual, ent<br>Steinberg, Bradley M  | ter Last, First, l   | Middle):  |   |  | Name   | of Joint De   | ebtor (Spouse   | ) (Last, First, | , Middle):                 |   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  AKA Brad Steinberg  |  |   |   |  |  |   | used by the J<br>maiden, and  |                 | in the last 8 years<br>):  |   |
| Last four digits of Soc. Sec. or Ind (if more than one, state all)  | ividual-Taxpay   | yer I.D. (I   | TIN)/Com <sub>j</sub>   | plete EIN  | Last fo  | our digits of   | f Soc. Sec. or  | · Individual-7  | Гахрауег I.D. (ITIN) No    | o./Complete EIN   |
| Street Address of Debtor (No. and<br>19619 Winslow Road<br>Beachwood, OH  | Street, City, an   | nd State):  |   | ZIP Code   | Street   | Address of  | Joint Debtor  | (No. and Str    | reet, City, and State):    | ZIP Code  |
| County of Residence or of the Prin  | icipal Place of  | Business:   |   | 44122  | Count  | y of Reside   | ence or of the  | Principal Pla   | ace of Business:           |   |
| Mailing Address of Debtor (if diffe   | erent from stree   | et address  | ):  |  | Mailin   | g Address   | of Joint Debt   | or (if differen | nt from street address):   |   |
|   |  |   | Г   | ZIP Code   | 4  |   |   |                 |                            | ZIP Code  |
| Location of Principal Assets of Bu<br>(if different from street address abo   | siness Debtor  |   |   |  | <b>I</b>   |   |   |                 |                            | 1   |
| Type of Debtor  (Form of Organization) (Check  Individual (includes Joint Debt  See Exhibit D on page 2 of this for.  Corporation (includes LLC and  Partnership  Other (If debtor is not one of the a check this box and state type of ent  Chapter 15 Debtors  Country of debtor's center of main inte  Each country in which a foreign proce by, regarding, or against debtor is pend  Filing Fee (Compared to be paid in installment attach signed application for the codebtor is unable to pay fee except in Form 3A. | tors)  m.  d LLP)  above entities, tity below.)  serests:  deding ding:  Check one box)  s (applicable to i ourt's consideration | Singlin 11 Railro Stock Comi Clear Other Debto under Code | (Check th Care Bus le Asset Re U.S.C. § 1 oad cbroker modity Bro ring Bank r  Tax-Exel (Check box, or is a tax-ex. Title 26 of it (the Internal | cal Estate as 101 (51B)  coker  mpt Entity , if applicable empt organize the United St I Revenue Co  Check of Check of Check is a check in the Intervenue Co | e) ation ates ide). Debtor is a sr Debtor is not if: Debtor's aggi | defined "incurr a perso  nall business a small business egate nonco \$2,490,925 (6) | the Fer 7 er 9 er 11 er 12 er 13 er primarily collin 11 U.S.C. § ed by an indivinal, family, or  Chap debtor as definess debtor as definences debtor | Petition is Fi  | busine pose."              | ecognition ding ecognition occeeding are primarily ess debts. |
| ☐ Filing Fee waiver requested (applic<br>attach signed application for the co   | ourt's consideration   |   |   | BB.  | A plan is beir<br>Acceptances                                      | ng filed with<br>of the plan w  | this petition.<br>vere solicited pr<br>5.C. § 1126(b).  | repetition from | one or more classes of cre | editors,  |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for distribution to unsecured creditor  ☐ Debtor estimates that, after any exempt property is excluded and administrative of there will be no funds available for distribution to unsecured creditors.  |  |   |   |  |  | es paid,  |   | THIS            | SPACE IS FOR COURT         | USE ONLY  |
| Estimated Number of Creditors   | 200- 1   | ]<br>1,000-<br>5,000                                      | 5,001-<br>10,000  | 10,001-<br>25,000  | 25,001-<br>50,000  | 50,001-<br>100,000  | OVER 100,000  |                 |                            |   |
| Estimated Assets  S0 to \$50,000 to \$100,000 \$500,000   | to \$1 to  | 31,000,001<br>o \$10<br>nillion                           | \$10,000,001<br>to \$50<br>million  | \$50,000,001<br>to \$100<br>million  | \$100,000,001<br>to \$500<br>million                               | \$500,000,001<br>to \$1 billion   | More than \$1 billion   |                 |                            |   |
| Estimated Liabilities   | \$500,001 \$   | 31,000,001<br>o \$10                                      | \$10,000,001 to \$50  | \$50,000,001 to \$100  | \$100,000,001 to \$500   | \$500,000,001 to \$1 billion  | More than<br>\$1 billion  |                 |                            |   |

**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Steinberg, Bradley M (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). X /s/ Mary Ann Rabin ☐ Exhibit A is attached and made a part of this petition. August 31, 2015 Signature of Attorney for Debtor(s) (Date) Mary Ann Rabin (0000009) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and П Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(04/13) Page 3

# **Voluntary Petition**

(This page must be completed and filed in every case)

# Signatures

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

# X /s/ Bradley M Steinberg

Signature of Debtor Bradley M Steinberg

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 31, 2015

Date

## Signature of Attorney\*

# X /s/ Mary Ann Rabin

Signature of Attorney for Debtor(s)

#### Mary Ann Rabin (0000009)

Printed Name of Attorney for Debtor(s)

#### Rabin & Rabin Co. LPA

Firm Name

55 Public Square Suite 1510 Cleveland, OH 44113

Address

# 216-771-8084 Fax: (216) 771-4615

Telephone Number

#### August 31, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

## **Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Steinberg, Bradley M

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

# United States Bankruptcy Court Northern District of Ohio

| In re | Bradley M Steinberg |           | Case No. |   |
|-------|---------------------|-----------|----------|---|
|       |                     | Debtor(s) | Chapter  | 7 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the application of the country of the count | able |
|---|------|
| statement.] [Must be accompanied by a motion for determination by the court.]   |      |

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Best Case Bankruptcy

| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental           |
|---|
| deficiency so as to be incapable of realizing and making rational decisions with respect to financial       |
| responsibilities.);   |
| ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being               |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
| through the Internet.);   |
| ☐ Active military duty in a military combat zone.   |

□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Bradley M Steinberg

Bradley M Steinberg

Date: August 31, 2015

# **United States Bankruptcy Court Northern District of Ohio**

| In re | Bradley M Steinberg |        | Case No. |   |
|-------|---------------------|--------|----------|---|
| •     | -                   | Debtor |          |   |
|       |                     |        | Chapter  | 7 |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 0.00              |             |          |
| B - Personal Property   | Yes                  | 4                | 11,425.18         |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 0.00        |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 6                |                   | 286,319.54  |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 2                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |             | 2,265.63 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 3,513.59 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 21               |                   |             |          |
|   | To                   | otal Assets      | 11,425.18         |             |          |
|   |                      |                  | Total Liabilities | 286,319.54  |          |

# **United States Bankruptcy Court Northern District of Ohio**

| In re | Bradley M Steinberg |        | Case No. |   |
|-------|---------------------|--------|----------|---|
|       | <del>-</del>        | Debtor |          |   |
|       |                     |        | Chapter  | 7 |
|       |                     |        | Спартоі  | • |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount    |
|---|-----------|
| Domestic Support Obligations (from Schedule E)  | 0.00      |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00      |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00      |
| Student Loan Obligations (from Schedule F)  | 56,496.88 |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00      |
| TOTAL   | 56,496.88 |

## State the following:

| Average Income (from Schedule I, Line 12)  | 2,265.63 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 3,513.59 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 3,510.53 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |      | 0.00       |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 286,319.54 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 286,319.54 |

| In re | Bradley M Steinberg | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     |          |  |
|       |                     | Debtor   |  |

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Current Value of Husband, Debtor's Interest in Wife, Nature of Debtor's Amount of Description and Location of Property Property, without Interest in Property Joint, or Secured Claim Deducting any Secured Claim or Exemption Community

None

Sub-Total > 0.00 (Total of this page)

0.00 Total >

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

| In re Bradley M Steinberg Case No | In re | Bradley M Steinberg | Case No. |
|-----------------------------------|-------|---------------------|----------|
|-----------------------------------|-------|---------------------|----------|

# SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property   | N O Description and Location of Property E            | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|--|---|---|---|
| 1.  | Cash on hand   | Cash  | -   | 10.00   |
| 2.  | Checking, savings or other financial   | PNC Checking - checking                               | -   | 392.00  |
|     | accounts, certificates of deposit, or shares in banks, savings and loan,   | PNC Savings - savings                                 | -   | 50.00   |
|     | thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives.             | PNC savings - custodial account with daughter \$39.00 | -   | 0.00  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.   | Landlord  | -   | 1,400.00  |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.   | Household goods                                       | -   | 2,000.00  |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X   |   |   |
| 6.  | Wearing apparel.   | Wearing apparal                                       | -   | 1,000.00  |
| 7.  | Furs and jewelry.  | x   |   |   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.  | x   |   |   |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.   | Term through work - children are beneficiaries        | -   | 0.00  |
| 10. | Annuities. Itemize and name each issuer.   | X   |   |   |

| Sub-Total >          | 4,852.00 |
|----------------------|----------|
| (Total of this page) |          |

**3** continuation sheets attached to the Schedule of Personal Property

| In re  | Bradley | М | Steinber  | a |
|--------|---------|---|-----------|---|
| 111 10 | Diadicy |   | Ottoniber | 9 |

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     |   |                  | (Continuation Succe)                                  |   |   |
|-----|---|------------------|---|---|---|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х                |   |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing  |                  | Fleetmatics 401(k)                                    | -   | 526.00  |
|     | plans. Give particulars.  |                  | Employee Stock Purchase Plan                          | -   | 553.00  |
|     |   |                  | Flexible spending plan for childcare                  | -   | 340.00  |
|     |   |                  | Sequent Retirement Savings Plan - John Hancock 401(k) | -   | 4,628.18  |
|     |   |                  | Fleetmatics 401(k)                                    | -   | 526.00  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |   |   |
| 16. | Accounts receivable.  | X                |   |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |   |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |   |   |   |

Sub-Total > 6,573.18 (Total of this page)

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

| In re  | Bradley | М   | Steinberg       |
|--------|---------|-----|-----------------|
| 111 10 | Diadicy | ••• | Otto ii ibo i g |

| Case No. |
|----------|
|          |

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |   |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | X                |                                      |   |   |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | x                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
|     |   |                  |                                      | Sub-Tota                                    | al > <b>0.00</b>  |

(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

| In re | Bradley M Steinberg |        | Case No. |
|-------|---------------------|--------|----------|
| _     |                     | Debtor |          |

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|--|
| 34. Farm supplies, chemicals, and feed.                              | Х                |                                      |   |  |
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      |   |  |

| Sub-Total > 0.00 | | (Total of this page) | | Total > 11,425.18 |

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

| •   |   |    |
|-----|---|----|
| - 1 | n | rΔ |
|     |   |    |

**Bradley M Steinberg** 

| Case No. |
|----------|
|          |

Debtor

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds (Check one box) \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter ☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3) with respect to cases commenced on or after the date of adjustment.)

| Description of Property  | Specify Law Providing<br>Each Exemption                               | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|---|----------------------------------|---|
| Cash on Hand<br>Cash   | Ohio Rev. Code Ann. § 2329.66(A)(3)                                   | 10.00                            | 10.00   |
| Checking, Savings, or Other Financial Accounts, Cornecting - checking          | ertificates of Deposit<br>Ohio Rev. Code Ann. § 2329.66(A)(3)         | 392.00                           | 392.00  |
| PNC Savings - savings  | Ohio Rev. Code Ann. § 2329.66(A)(3)                                   | 48.00                            | 50.00   |
| Household Goods and Furnishings<br>Household goods                             | Ohio Rev. Code Ann. § 2329.66(A)(4)<br>(a)                            | 2,000.00                         | 2,000.00  |
| Wearing Apparel<br>Wearing apparal   | Ohio Rev. Code Ann. § 2329.66(A)(4)<br>(a)                            | 1,000.00                         | 1,000.00  |
| Interests in Insurance Policies Term through work - children are beneficiaries | Ohio Rev. Code Ann. §§ 2329.66(A) (6)(c), 3917.05                     | 100%                             | 0.00  |
| Interests in IRA, ERISA, Keogh, or Other Pension o Fleetmatics 401(k)          | r Profit Sharing Plans<br>Ohio Rev. Code Ann. § 2329.66(A)<br>(10)(b) | 100%                             | 526.00  |
| Employee Stock Purchase Plan   | Ohio Rev. Code Ann. § 2329.66(A) (10)(b)                              | 100%                             | 553.00  |
| Flexible spending plan for childcare   | Ohio Rev. Code Ann. § 2329.66(A)(18)                                  | 340.00                           | 340.00  |
| Sequent Retirement Savings Plan - John<br>Hancock 401(k)                       | Ohio Rev. Code Ann. § 2329.66(A) (10)(b)                              | 100%                             | 4,628.18  |
| Fleetmatics 401(k)   | Ohio Rev. Code Ann. § 2329.66(A) (10)(b)                              | 100%                             | 526.00  |

10,023.18 10,025.18 Total:

| •     |                     |         |   |
|-------|---------------------|---------|---|
| In re | Bradley M Steinberg | Case No |   |
|       | ,                   |         | _ |

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CDEDITORIS NAME  | OC       | Hu          | sband, Wife, Joint, or Community   | D          | AMOUNT OF    |                                 |   |                                 |
|--|----------|-------------|--|------------|--------------|---------------------------------|---|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | DZLLQULDAHED | $D - \emptyset P \cup H \cup D$ | CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.  |          |             |  | Т          | T<br>E       |                                 |   |                                 |
|  |          |             | Value \$   |            | D            |                                 |   |                                 |
| Account No.  |          | Г           |  | П          |              |                                 |   |                                 |
|  |          |             | Value \$   |            |              |                                 |   |                                 |
| Account No.  |          | T           |  | П          |              |                                 |   |                                 |
|  |          |             | Value \$   |            |              |                                 |   |                                 |
| Account No.  |          |             |  |            |              |                                 |   |                                 |
|  |          |             | Value \$   |            |              |                                 |   |                                 |
| 0  |          | _           | S  | ubt        | ota          | ı                               |   |                                 |
| continuation sheets attached   |          |             | (Total of the  | nis p      | ag           | e)                              |   |                                 |
|  |          |             |  |            | ota          | ı                               | 2.22  | 2.22                            |
|  |          |             | (Report on Summary of Sci  |            |              | - 1                             | 0.00  | 0.00                            |

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Best Case Bankruptcy

| In re | Bradley M Steinberg | Case No     |  |
|-------|---------------------|-------------|--|
| -     | , ,                 | ,<br>Debtor |  |

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| total also on the Statistical Stiffmary of Certain Liabilities and Related Data.   |
|--|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| □ Domestic support obligations  Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. $\$$ 507(a)(3).   |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ☐ Taxes and certain other debts owed to governmental units   |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| $\square$ Commitments to maintain the capital of an insured depository institution   |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated   |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|  |

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| In re | Bradley M Steinberg | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor   |  |

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | СОДШВНОК | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN     | UNLIQUIDAT  | I T | -<br>- | AMOUNT OF CLAIM |
|---|----------|---------|---|---------------|-------------|-----|--------|-----------------|
| Account No. xxxxxxxxxxx6363   |          |         | Opened 5/03/93 Last Active 8/01/12  | Ť             | T<br>E<br>D |     |        |                 |
| Amex<br>PO Box 297871<br>Fort Lauderdale, FL 33329  | X        | -       | Credit Card   |               | D           |     |        | 14,502.00       |
| Account No.   |          |         | 2002-2005   | $\vdash$      | ┢           | H   | +      |                 |
| Bond Sippola DeJoy & Company<br>2786 SOM Center Road<br>Willoughby Hills, OH 44094                            |          | -       | Accounting services   |               |             |     |        |                 |
|   |          |         |   |               |             |     |        | 3,000.00        |
| Account No. xxxxxxxx9529  Chase Card PO Box 15298 Wilmington, DE 19850  | x        | -       | Opened 7/18/93 Last Active 7/24/15  Notice only   |               |             |     |        |                 |
|   |          |         |   |               |             |     |        | 0.00            |
| Account No. xxxxxxxxxxxxx6164  Citi PO Box 6241 Sioux Falls, SD 57117   |          | -       | Opened 3/01/88 Last Active 4/23/12 Credit Card  |               |             |     |        | 2,225.00        |
|   |          |         |   | $\perp$       | <u>L</u>    | Ļ   | +      | 2,220.00        |
| _5 continuation sheets attached   |          |         | (Total of t   | Subt<br>his j |             |     | )      | 19,727.00       |

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S/N:10951-150820 Best Case Bankruptcy

| In re | Bradley M Steinberg | Cas    | e No |
|-------|---------------------|--------|------|
| _     |                     | Debtor |      |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,  | C        | Ηι          | sband, Wife, Joint, or Community                                |         | C          | U  | D             |                 |
|---|----------|-------------|---|---------|------------|--|---------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)      | CODEBTOR | C<br>J<br>M | IS SUBJECT TO SETOFF, SO STATE.                                 | 1       | 42m02-4200 | DZ1_QD_D <fud< td=""><td>- 0 P U T E D</td><td>AMOUNT OF CLAIM</td></fud<> | - 0 P U T E D | AMOUNT OF CLAIM |
| Account No. xxxxxx0000  | ı        |             | 2015  |         | Т          | E  |               |                 |
| City of Cleveland<br>Division of Water<br>1201 Lakeside Avenue<br>Cleveland, OH 44114 | x        | -           | Service at 3007 Brighton Road, Shaker<br>Heights, OH 44120-1722 | -       |            | ט  |               | 655.34          |
| Account No. xxxxx4055   | ⊢        | ┝           | 2008-2010   |         |            |  |               |                 |
| Cleveland Clinic Physicians<br>9500 Euclid Avenue<br>Cleveland, OH 44106              |          | -           | Medical Medical   |         |            |  |               |                 |
|   |          |             |   |         |            |  |               | 366.64          |
| Account No. <b>5292208</b>  |          |             |   |         |            |  |               |                 |
| Revenue Group<br>PO Box 93983<br>Cleveland, OH 44101-5983                             |          |             | Representing:<br>Cleveland Clinic Physicians                    |         |            |  |               | Notice Only     |
| Account No. xxxx3930  |          |             | 2014-2015   |         |            |  |               |                 |
| Discover<br>PO Box 6103<br>Carol Stream, IL 60197-6103                                |          | -           | Credit card   |         |            |  |               | 5,166.00        |
| Account No. xxxxxxxxxx1770  | Г        | T           | Opened 8/16/04 Last Active 6/24/15                              |         |            |  |               |                 |
| First Federal Svgs & L<br>14806 Detroit Ave<br>Lakewood, OH 44107                     | x        | -           | Notice only   |         |            |  |               | 170,000.00      |
| Sheet no. <u>1</u> of <u>5</u> sheets attached to Schedule of                         |          | _           | 1   | Sı      | ıbt        | ota  | 1             | 450 405 55      |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Tota   | l of th | is 1       | oag  | e)            | 176,187.98      |

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| In re | Bradley M Steinberg | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor   |  |

(Continuation Sheet)

| CDEDITOD'S NAME  | С        | Нι          | usband, Wife, Joint, or Community       | CO       | U              | D             |                 |
|--|----------|-------------|---|----------|----------------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)            | CODEBTOR | C<br>A<br>M | CONSIDERATION FOR CLAIM. IF CLAIM       | ONTLNGEN | NL   QU   DATE | DISPUTED      | AMOUNT OF CLAIM |
| Account No.  |          |             |   | Т        | E              |               |                 |
| Stan C.Cwalinski<br>409 East Avenue, Suite B<br>Elyria, OH 44035   |          |             | Representing:<br>First Federal Svgs & L |          | D              |               | Notice Only     |
| Account No.  | T        |             |   | T        |                | T             |                 |
| Christian E. Niklas<br>75 Public Square 4th Floor<br>Cleveland, OH 44113                                     |          |             | Representing:<br>First Federal Svgs & L |          |                |               | Notice Only     |
| Account No. xxxxxxxxxxxxxx8888   |          |             | Opened 5/06/13 Last Active 7/22/15      |          |                |               |                 |
| Glhegc<br>PO Box 7860<br>Madison, WI 53707   |          | -           | Student Ioan                            |          |                |               | 56,496.88       |
| Account No.  | ┢        | $\vdash$    |   | $\vdash$ |                | H             | 1 ,             |
| AES/Goal Financial<br>PO Box 61047<br>Harrisburg, PA 17106   |          |             | Representing:<br>Glhegc                 |          |                |               | Notice Only     |
| Account No.  |          |             |   | T        |                | Ī             |                 |
| Performant Recovery, Inc.<br>PO Box 9054<br>Pleasanton, CA 94566-9054  |          |             | Representing:<br>Glhegc                 |          |                |               | Notice Only     |
| Sheet no. <b>2</b> of <b>5</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of t                             | Subt     |                |               | 56,496.88       |
| Creations froming offsecured Nonphority Claims   |          |             | (Total of t                             | 1113     | Pat            | $\mathcal{C}$ | 1               |

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| In re | Bradley M Steinberg | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor   |  |

(Continuation Sheet)

|  | -        | _   |   | 1 -        |                  | -        | _ |                 |
|--|----------|-----|---|------------|------------------|----------|---|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                      | CODEBTOR | H W | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM   | CONTINGENT | UNLIQUIDAL       | DISPUTED |   | AMOUNT OF CLAIM |
| Account No.  Transworld Systems 507 Prudential Road Horsham, PA 19044  |          |     | Representing:<br>Glhegc   |            | A<br>T<br>E<br>D |          |   | Notice Only     |
| Account No.  Transworld Systems Inc. 5626 Frantz Road Dublin, OH 43017   |          |     | Representing:<br>Glhegc   |            |                  |          |   | Notice Only     |
| Account No. xxxxxxxxx4074  Huntington Mortgage Co 7575 Huntington Park Dr Columbus, OH 43235                           | x        | _   | Opened 7/01/03 Last Active 8/01/15 Line Of Credit               |            |                  |          |   | 5,431.00        |
| Account No. xxxxxxx0334  Huntington National Ba 7 Easton Oval Columbus, OH 43219                                       | х        | -   | Opened 10/15/05 Last Active 7/28/15  Home equity line of credit |            |                  |          |   | 1,000.00        |
| Account No. xx-xxx3673  Internal Revenue Service Insolvency Group 3 1240 East Ninth Street, Rm 403 Cleveland, OH 44199 | х        | -   | 12-31-06  Penalty as related to Form 5500 - company debt        |            |                  |          |   | 5,115.58        |
| Sheet no. <u>3</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims           |          |     | (Total of t   | Sub<br>his |                  |          |   | 11,546.58       |

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| In re | Bradley M Steinberg | Case No. |  |
|-------|---------------------|----------|--|
| _     | ·                   | Debtor   |  |

(Continuation Sheet)

| CREDITOR'S NAME,   | C       | Нι          | sband, Wife, Joint, or Community                              | C            | Ų           | P   | Л   |                 |
|--|---------|-------------|---|--------------|-------------|-----|-----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODEBTOR | C<br>J<br>H | IS SUBJECT TO SETOFF, SO STATE.                               | COXT - XGEXT | DZ1-QD-D4HE |     |     | AMOUNT OF CLAIM |
| Account No.  |         |             | 2010-2012   | T            | E           |     | 1   |                 |
| KPFF LLC<br>24500 Chagrin Blvd. #315<br>Beachwood, OH 44122                      | x       | _           | Accounting services   |              | D           | ×   | 1   | 4,800.00        |
| Account No. xxx3201  |         |             | 2015  |              |             | T   | †   |                 |
| Meyers Roman Friedberg & Lewis<br>28601 Chagrin Blvd.<br>Beachwood, OH 44122     |         | -           | Legal fees  |              |             |     |     |                 |
|  |         |             |   |              |             |     |     | 5,329.00        |
| Account No. xxxxxx0000   |         |             | 2015  |              | Г           | H   | +   |                 |
| Northeast Ohio Regional Sewer Distr<br>PO Box 94550<br>Cleveland, OH 44101-4550  | X       | -           | Services 3007 Brighton Road, Shaker Heights,<br>OH 44120-1722 |              |             |     |     | 439.10          |
| Account No. STEIBR   |         |             | 2005-2014   |              | H           | L   | +   | +33.10          |
| Park Synagogue 27500 Shaker Blvd Pepper Pike, OH 44124                           | X       | _           | Dues & pledge   |              |             |     |     | 7,273.00        |
| Account No. xx0771   |         |             | 2013-2015   |              |             | Г   | T   |                 |
| Jane R. Buder Shapiro, Ph.D<br>3601 Green Road Suite 210<br>Beachwood, OH 44120  | X       | _           | Medical   |              |             |     |     | 2,380.00        |
| Sheet no. 4 of 5 sheets attached to Schedule of                                  |         | -           | 5   | Subt         | tota        | ıl  | †   |                 |
| Creditors Holding Unsecured Nonpriority Claims                                   |         |             | (Total of t   | his 1        | pag         | ze) | , [ | 20,221.10       |

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| In re | Bradley M Steinberg | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor   |  |

(Continuation Sheet) C Husband, Wife, Joint, or Community
D H DATE CLAIM CREDITOR'S NAME, MAILING ADDRESS

| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | E B T O R | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | TINGEN | L Q U L D A T E D | PUTED | AMOUNT OF CLAIM |
|--|-----------|-------------|---|--------|-------------------|-------|-----------------|
| Account No. xxxxx1219  |           |             | 2015  | 7      | E                 |       |                 |
| WOW Internet-Cable-Phone<br>PO Box<br>Carol Stream, IL 60197-4350  | x         | -           | Service at 3007 Brightohn Road, Shaker<br>Heights, OH 44120-1722                                    |        |                   |       |                 |
|  |           |             |   |        |                   |       | 2,140.00        |
| Account No.  |           |             |   |        |                   |       |                 |
| Account No.  | ╁         |             |   | +      | t                 | t     |                 |
|  |           |             |   |        |                   |       |                 |
| Account No.  | -         |             |   |        |                   |       |                 |
|  |           |             |   |        |                   |       |                 |
| Account No.  | -         |             |   |        |                   |       |                 |
|  |           |             |   |        |                   |       |                 |
| Sheet no. <u>5</u> of <u>5</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |           |             | /T-4-1 -6   | Sub    |                   |       | 2,140.00        |
| Creditors Holding Unsecured Nonpriority Claims   |           |             | (Total of   |        | раз<br>Гоt        |       |                 |
|  |           |             | (Report on Summary of S   |        |                   |       | 286,319.54      |

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| In re | Bradley M Steinberg | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor , |  |

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

**Moose Park LLC** 2100 Park Avenue PO Box 680643 Park City, UT 84068

| •   |   |    |
|-----|---|----|
| - 1 | n | re |

**Bradley M Steinberg** 

Debtor

## **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

## NAME AND ADDRESS OF CODEBTOR

Doreen Abdullovski 18016 Winslow Road Shaker HEIGHTS, OH 44122

Doreen Abdullovski 18016 Winslow Road Shaker HEIGHTS, OH 44122

Doreen Abdullovski 18016 Winslow Road Shaker HEIGHTS, OH 44122

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Doreen Abdullovski 18016 Winslow Road Shaker HEIGHTS, OH 44122

Doreen Abdullovski 18016 Winslow Road Shaker HEIGHTS, OH 44122

#### NAME AND ADDRESS OF CREDITOR

First Federal Svgs & L 14806 Detroit Ave Lakewood, OH 44107

Amex PO Box 297871 Fort Lauderdale, FL 33329

**Chase Card** PO Box 15298 Wilmington, DE 19850

City of Cleveland **Division of Water** 1201 Lakeside Avenue Cleveland, OH 44114

**Huntington National Ba** 7 Easton Oval Columbus, OH 43219

Internal Revenue Service **Insolvency Group 3** 1240 East Ninth Street, Rm 403 Cleveland, OH 44199

**KPFF LLC** 24500 Chagrin Blvd. #315 Beachwood, OH 44122

**Northeast Ohio Regional Sewer Distr** PO Box 94550 Cleveland, OH 44101-4550

Park Synagogue 27500 Shaker Blvd Pepper Pike, OH 44124

Jane R. Buder Shapiro, Ph.D 3601 Green Road Suite 210 Beachwood, OH 44120

**WOW Internet-Cable-Phone** PO Box Carol Stream, IL 60197-4350

| In re | Bradley M Steinberg |        | Case No. |  |
|-------|---------------------|--------|----------|--|
| _     |                     | Debtor | -7       |  |

# SCHEDULE H - CODEBTORS (Continuation Sheet)

| NAME AND ADDRESS OF CODEBTOR                           | NAME AND ADDRESS OF CREDITOR  |  |
|--|---|--|
| Melvin Kamins<br>12 Longmeadow`<br>Beachwood, OH 44122 | Huntington Mortgage Co<br>7575 Huntington Park Dr<br>Columbus, OH 43235 |  |

| Fill               | in this information to identify your  | case:   |   |                    |                |             |                       |                          |                             |                   |
|--------------------|---|---|---|--------------------|----------------|-------------|-----------------------|--------------------------|-----------------------------|-------------------|
| Del                | otor 1 Bradley M S  | Steinberg   |   |                    | _              |             |                       |                          |                             |                   |
|                    | otor 2<br>puse, if filing)  |   |   |                    | _              |             |                       |                          |                             |                   |
| Uni                | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC                                     | CT OF OHIO  |                    | _              |             |                       |                          |                             |                   |
|                    | se number<br>nown)  |   | -   |                    |                | □ Ar        |                       | ed filing<br>ent showin  | g post-petitio              |                   |
| $\bigcirc$         | fficial Form P. 61  |   |   |                    |                |             |                       |                          | ollowing date:              |                   |
|                    | fficial Form B 6l<br>chedule I: Your Inc  |   |   |                    |                | M           | M / DD/ \             | YYYY                     |                             | 12/13             |
| sup<br>spo<br>atta | as complete and accurate as pos<br>plying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form. | ı are married and not fili<br>ur spouse is not filing w | ng jointly, and your sith you, do not include       | spòuse<br>de infor | is liv<br>mati | ing with    | you, inc<br>t your sp | lude infor<br>ouse. If m | mation abou<br>ore space is | t your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debtor 1  |                    |                |             | Debtor 2              | 2 or non-fi              | iling spouse                |                   |
|                    | If you have more than one job, attach a separate page with information about additional   | Employment status                                       | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                    |                |             | ☐ Empl                | oyed<br>mployed          |                             |                   |
|                    | employers.  | Occupation  | Business devl. r                                    | eprese             | nta            | tive        |                       |                          |                             |                   |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name   | Fleetmatics   |                    |                |             |                       |                          |                             |                   |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                      | 31500 Bainbridg<br>Solon, OH 44139                  | •                  | ı              |             |                       |                          |                             |                   |
|                    |   | How long employed to                                    | here? One yea                                       | ar                 |                |             | _                     |                          |                             |                   |
| Par                | t 2: Give Details About Mo  | nthly Income  |   |                    |                |             |                       |                          |                             |                   |
|                    | mate monthly income as of the cuse unless you are separated.  | late you file this form. If                             | you have nothing to re                              | eport for          | any            | line, write | e \$0 in the          | e space. In              | nclude your no              | on-filing         |
|                    | ou or your non-filing spouse have m<br>e space, attach a separate sheet to  |   | ombine the informatio                               | n for all          | emp            | loyers for  | that pers             | on on the                | lines below. If             | you need          |
|                    |   |   |   |                    |                | For Deb     | otor 1                |                          | btor 2 or<br>ing spouse     |                   |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |   |   | 2.                 | \$             | 3,          | 333.35                | \$                       | N/A                         |                   |
| 3.                 | Estimate and list monthly over  | time pay.   |   | 3.                 | +\$            |             | 0.00                  | +\$                      | N/A                         |                   |
| 4.                 | Calculate gross Income. Add li  | ne 2 + line 3.  |   | 4.                 | \$             | 3,33        | 3.35                  | \$                       | N/A                         |                   |

|     |       |   |           |       | For I    | Debtor 1    |       |          | For Debto        |                   |                  |
|-----|-------|---|-----------|-------|----------|-------------|-------|----------|------------------|-------------------|------------------|
|     | Copy  | y line 4 here   | 4.        | -     | \$       | 3,33        | 3 35  |          | non-filing<br>\$ | N/A               |                  |
|     |       | y inte 4 nere   |           |       | `-       | 0,00        |       | -        | <u> </u>         |                   | -                |
| 5.  | List  | all payroll deductions:   |           |       |          |             |       |          |                  |                   |                  |
|     | 5a.   | Tax, Medicare, and Social Security deductions   | 5a.       |       | \$       | 530         | 5.84  |          | \$               | N/A               |                  |
|     | 5b.   | Mandatory contributions for retirement plans  | 5b.       |       | \$       |             | 0.00  | _        | \$               | N/A               | _                |
|     | 5c.   | Voluntary contributions for retirement plans  | 5c.       |       | \$       |             | 0.00  | -        | \$               | N/A               | _                |
|     | 5d.   | Required repayments of retirement fund loans  | 5d.       |       | \$       |             | 0.00  | _        | \$               | N/A               | _                |
|     | 5e.   | Insurance   | 5e.       |       | \$       | 174         | 1.61  | _        | \$               | N/A               | _                |
|     | 5f.   | Domestic support obligations  | 5f.       |       | \$       |             | 0.00  | _        | \$               | N/A               | _                |
|     | 5g.   | Union dues  | 5g.       |       | \$       |             | 0.00  | _        | \$               | N/A               | _                |
|     | 5h.   | Other deductions. Specify: 401(k)   | 5h.       | .+    | \$       | 60          | 3.67  | +        | \$               | N/A               |                  |
|     |       | Flexible spending childcare   |           |       | \$       | 43          | 3.33  |          | \$               | N/A               | _                |
|     |       | Life insurance  |           |       | \$       | 20          | 3.26  |          | \$               | N/A               |                  |
|     |       | Second Flexible spending health   |           |       | \$       |             | 3.67  | _        | \$               | N/A               | _                |
|     |       | ESPP  |           |       | \$       | 133         | 3.34  | _        | \$               | N/A               | _                |
| 6.  | Add   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |       | \$       | 1,067       | 7.72  | _        | \$               | N/A               | =                |
| 7.  | Calc  | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.        |       | \$       | 2,26        | 5.63  | _        | \$               | N/A               | _                |
| 8.  | List  | all other income regularly received:  |           |       |          |             |       |          |                  |                   |                  |
|     | 8a.   | Net income from rental property and from operating a business,  |           |       |          |             |       |          |                  |                   |                  |
|     |       | profession, or farm   |           |       |          |             |       |          |                  |                   |                  |
|     |       | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                   |           |       |          |             |       |          |                  |                   |                  |
|     |       | monthly net income.   | 8a.       |       | \$       | (           | 0.00  |          | \$               | N/A               |                  |
|     | 8b.   | Interest and dividends  | 8b.       |       | \$       |             | 0.00  | -        | \$               | N/A               | _                |
|     | 8c.   | Family support payments that you, a non-filing spouse, or a dependent   |           |       | `-       |             |       | -        | <b>-</b>         |                   | -                |
|     |       | regularly receive   |           |       |          |             |       |          |                  |                   |                  |
|     |       | Include alimony, spousal support, child support, maintenance, divorce   |           |       | _        |             |       |          | _                |                   |                  |
|     |       | settlement, and property settlement.  | 8c.       |       | \$       |             | 0.00  | _        | \$               | N/A               | _                |
|     | 8d.   | Unemployment compensation   | 8d.       |       | \$       |             | 0.00  | -        | \$               | N/A               | _                |
|     | 8e.   | Social Security   | 8e.       |       | \$       |             | 0.00  | _        | \$               | N/A               | =                |
|     | 8f.   | Other government assistance that you regularly receive  |           |       |          |             |       |          |                  |                   |                  |
|     |       | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental  | Je        |       |          |             |       |          |                  |                   |                  |
|     |       | Nutrition Assistance Program) or housing subsidies.   |           |       |          |             |       |          |                  |                   |                  |
|     |       | Specify:  | 8f.       |       | \$       |             | 0.00  |          | \$               | N/A               |                  |
|     | 8g.   | Pension or retirement income  | —<br>8g.  |       | \$       |             | 0.00  | _        | \$               | N/A               | _                |
|     | 8h.   | Other monthly income. Specify:  |           | .+    | \$       |             | 0.00  | +        | \$               | N/A               | _                |
|     |       |   |           | г     |          |             |       | -<br>1 Г |                  |                   | -<br>            |
| 9.  | Add   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | \$    | <u> </u> | (           | 0.00  |          | \$               | N/A               | 4                |
|     |       |   | г         |       |          |             |       | J L      |                  | $\neg -$          |                  |
| 10. | Calc  | ulate monthly income. Add line 7 + line 9.  | 10.       | \$    | 2        | ,265.63     | + \$  |          | N/A              | <b>\</b>   =   \$ | 2,265.63         |
|     | Add   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |           | _     |          | ·           |       |          |                  | 11 -              |                  |
| 11  | State | e all other regular contributions to the expenses that you list in Schedul  | _<br>ו בו |       |          |             | _     |          |                  |                   |                  |
|     |       | de contributions from an unmarried partner, members of your household, you  |           | end   | ents.    | vour roor   | nma   | tes.     | and              |                   |                  |
|     |       | r friends or relatives.   |           |       | ,        | ,           |       | •        |                  |                   |                  |
|     | _     | ot include any amounts already included in lines 2-10 or amounts that are no  | t availa  | able  | e to p   | ay expens   | ses I | stec     |                  |                   |                  |
|     | Spec  | ify:  |           |       |          |             |       |          | 11.              | . +\$             | 0.00             |
| 40  |       |   |           |       |          |             |       |          |                  |                   |                  |
| 12. |       | the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Cert |           |       |          |             |       |          |                  |                   |                  |
|     | appli | ·   | laiii Lic | aDIII | ues e    | and itelate | u D   | ala,     | 12.              | . \$              | 2,265.63         |
|     |       |   |           |       |          |             |       |          |                  |                   |                  |
|     |       |   |           |       |          |             |       |          |                  | Combi             | ned<br>ly income |
| 13. | Do v  | ou expect an increase or decrease within the year after you file this form  | n?        |       |          |             |       |          |                  | monun             | y mcome          |
|     | ,     | No.   |           |       |          |             |       |          |                  |                   |                  |
|     | _     | Yes. Explain:   |           |       |          |             |       |          |                  |                   |                  |
|     |       | . 00. =   |           |       |          |             |       |          |                  |                   |                  |

Official Form B 6I Schedule I: Your Income page 2

| Fill in this info                      | rmation to identify your case:   |  |                              |                       |   |
|--|--|--|------------------------------|-----------------------|---|
| Debtor 1                               | Bradley M Steinberg  |  |                              | eck if this is:       |   |
| Debtor 2                               |  |  |                              | An amended filing     | wing post-petition chapter                          |
| (Spouse, if filing                     |  |  | Ц                            |                       | the following date:                                 |
| United States B                        | ankruptcy Court for the: NORTHERN DISTRICT OF OHI  | 0  |                              | MM / DD / YYYY        |   |
| Case number                            |  |  | П                            | A separate filing fo  | or Debtor 2 because Debto                           |
| (If known)                             |  |  | _                            | 2 maintains a sepa    |   |
| Official                               | Form B 6J  | <u>.</u>                                     |                              |                       |   |
|  | lle J: Your Expenses   |  |                              |                       | 12/1:   |
| Be as compleinformation. number (if kr | ete and accurate as possible. If two married people all f more space is needed, attach another sheet to this nown). Answer every question. |  |                              |                       | or supplying correct                                |
|  | joint case?  |  |                              |                       |   |
|  | Go to line 2.  Does Debtor 2 live in a separate household?   |  |                              |                       |   |
| _                                      | □ No   |  |                              |                       |   |
| [                                      | Yes. Debtor 2 must file a separate Schedule J.   |  |                              |                       |   |
| 2. Do you                              | have dependents?   |  |                              |                       |   |
| Do not li                              | st Debtor 1 Yes. Fill out this information for each dependent  | Dependent's relation<br>Debtor 1 or Debtor 2 |                              | Dependent's age       | Does dependent live with you?                       |
| Do not s                               |  |  |                              | 40                    | □ No  |
| depende                                | nts' names.  | Son  |                              | 12                    | ■ Yes<br>□ No                                       |
|  |  | Daughter                                     |                              | 14                    | ■ Yes   |
|  |  |  |                              |                       | □ No  |
|  |  |  |                              |                       | Yes   |
|  |  |  |                              |                       | □ No<br>□ Yes                                       |
| 3. Do your                             | expenses include   |  |                              |                       | □ Yes   |
| expense                                | es of people other than  |  |                              |                       |   |
| yoursen                                | and your dependents?   |  |                              |                       |   |
|  | stimate Your Ongoing Monthly Expenses  |  |                              |                       |   |
| expenses as applicable da              | r expenses as of your bankruptcy filing date unless of a date after the bankruptcy is filed. If this is a sugate.                          | pplemental <i>Schedule</i> .                 | m as a s<br><i>J</i> , check | the box at the top of | apter 13 case to report of the form and fill in the |
|  | nses paid for with non-cash government assistance such assistance and have included it on Schedule I:                                      |  |                              |                       |   |
| (Official Forn                         | n 6l.)   |  |                              | Your exp              | enses   |
|  | tal or home ownership expenses for your residence. s and any rent for the ground or lot.   | Include first mortgage                       | 4.                           | \$                    | 1,350.00  |
| If not in                              | cluded in line 4:  |  |                              |                       |   |
| 4a. Re                                 | eal estate taxes   |  | 4a.                          | \$                    | 0.00  |
|  | operty, homeowner's, or renter's insurance   |  | 4b.                          | ·                     | 0.00  |
|  | ome maintenance, repair, and upkeep expenses   |  | 4c.                          | :                     | 0.00  |
|  | omeowner's association or condominium dues   | omo oquitu lasas                             | 4d.                          | ·                     | 0.00  |
| <ol><li>Addition</li></ol>             | nal mortgage payments for your residence, such as h  | iome equity loans                            | 5.                           | D                     | 0.00  |

Official Form B 6J Schedule J: Your Expenses page 1

# **United States Bankruptcy Court Northern District of Ohio**

| In re | Bradiey M Steinberg   |           |  | Case No. | Case No. |  |  |
|-------|---|-----------|--|----------|----------|--|--|
|       |   |           | Debtor(s)  | Chapter  | 7        |  |  |
|       | DECLARATION CONCERNING DEBTOR'S SCHEDULES   |           |  |          |          |  |  |
|       | DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR   |           |  |          |          |  |  |
|       | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief. |           |  |          |          |  |  |
| Date  | August 31, 2015   | Signature | /s/ Bradley M Steinber<br>Bradley M Steinber<br>Debtor |          |          |  |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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# United States Bankruptcy Court Northern District of Ohio

| In re | Bradley M Steinberg | M Steinberg |         |   |
|-------|---------------------|-------------|---------|---|
|       |                     | Debtor(s)   | Chapter | 7 |

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

# 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT      | SOURCE |  |  |
|-------------|--------|--|--|
| \$34,683.00 | 2013   |  |  |
| \$30,000.00 | 2014   |  |  |
| \$26,327.99 | 2015   |  |  |

# 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$14,299.00 2013 - Unemployment

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#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESSDATES OFAMOUNT STILLOF CREDITORPAYMENTSAMOUNT PAIDOWINGMoose ParkRent\$2,700.00\$0.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

## 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER **PROCEEDING** AND LOCATION DISPOSITION Abdullovski vs. Steinberg **Divorce Cuyahoga County Common Pleas Pending** DR-14-354805 First Federal of Lakewood vs. Steinberg et al **Foreclosure Cuyahoga County Court of Common** Completed Case No. CV 14-828817 Pleas

American Express vs. Bradley Steinberg Collection Cuyahoga County Court of Common Judgment

CV-13-802782 Pleas

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

BENEATT ROLLET WAS SELECT

3

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

First Federal Svgs & L 14806 Detroit Ave Lakewood, OH 44107 DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN April 2015

DESCRIPTION AND VALUE OF PROPERTY

3007 Brighton Road Shaker Heights, OH 44120 \$180,000 sale price

## 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

## 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

## 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

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B7 (Official Form 7) (04/13)

NAME AND ADDRESS OF PAYEE

Mary Ann Rabin Rabin & Rabin Co., LPA 55 Public Square **Suite 1510** Cleveland, OH 44113

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR August 2015

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$2000.00 plus costs

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE. RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

## 12. Safe deposit boxes

None 

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

**PNC** Chagrin Blvd NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY Debtor

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

Passport, marraige

license,

## 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

## 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None П

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 3007 Brighton Road Shaker Heights, OH 44120 NAME USED Same

DATES OF OCCUPANCY 2004 to June 2015

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT

NOTICE

LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous None

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT

NOTICE

LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

## 18. Nature, location and name of business

I AGE FOLID DIGIEG OF

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

| NAME<br>Shaker Women's<br>Fitness LLC | LAST FOUR DIGITS OF<br>SOCIAL-SECURITY OR<br>OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN<br>61-1417140 | ADDRESS<br>20128 Chagrijn Blvd<br>Shaker Heights, OH 44122 | NATURE OF BUSINESS Curves studio                | BEGINNING AND<br>ENDING DATES<br>2002-2012 |
|---------------------------------------|--|--|---|--|
| Heights Women's<br>Fitness LLC        | 16-1622149   | 13912A Cedar Road<br>Cleveland, OH 44118                   | Curves studio                                   | 2003-2011                                  |
| Pepper Pike Fitness,<br>LLC           | 20-2539646   | 28790 Chagrin Blvd<br>Woodmere, OH 44122                   | Curves studio                                   | 2005-2011                                  |
| Civital Inc.                          | 20-2503673   | 20128 Chagrin Blvd.<br>Shaker Heights, OH 44122            | Management company for three "Curves" locations | 2005-2012                                  |

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

## 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

#### DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME AND ADDRESS

NAME **ADDRESS** 

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

issued by the debtor within two years immediately preceding the commencement of this case.

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory,

and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY **RECORDS** 

DATE ISSUED

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE NAME AND ADDRESS TITLE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

**Bradlev Steinberg** President 2012 19619 Winslow Road

**ADDRESS** 

Shaker Heights, OH 44122

Doreen Abdullovski Vice-president 2012

18016 Winslow Road Shaker Heights, OH 44122

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*\*

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#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | August 31, 2015 | Signature | /s/ Bradley M Steinberg |
|------|-----------------|-----------|-------------------------|
|      |                 | _         | Bradley M Steinberg     |
|      |                 |           | Debtor                  |

 $Penalty\ for\ making\ a\ false\ statement:\ Fine\ of\ up\ to\ \$500,000\ or\ imprisonment\ for\ up\ to\ 5\ years,\ or\ both.\ 18\ U.S.C.\ \S\$\ 152\ and\ 3571$ 

B8 (Form 8) (12/08)

## United States Bankruptcy Court Northern District of Ohio

|        |   | Northern District o  | or Omo             |                                  |                                   |
|--------|---|--|--------------------|----------------------------------|-----------------------------------|
| In re  | Bradley M Steinberg   |  |                    | Case No.                         |                                   |
|        |   | Debtor(s)  |                    | Chapter                          | 7                                 |
|        |   | 7 INDIVIDUAL DEBTOR'S ST   |                    |                                  |                                   |
| PART   | • • •   | erty of the estate. (Part A must be fach additional pages if necessary.) | • •                | for <b>EAC</b>                   | <b>H</b> debt which is secured by |
| Prope  | erty No. 1  |  |                    |                                  |                                   |
| Credi  | itor's Name:<br>IE-   | Descril  | be Property Secu   | ring Deb                         | <b>t:</b>                         |
|        | erty will be (check one):  Surrendered                                    | ☐ Retained   |                    |                                  |                                   |
|        | nining the property, I intend to (o Redeem the property Reaffirm the debt | check at least one):   |                    |                                  |                                   |
|        | Other. Explain  | (for example, avoid lien u   | sing 11 U.S.C. § : | 522(f)).                         |                                   |
|        | erty is (check one):  Claimed as Exempt                                   | □ Not  | claimed as exemp   | t                                |                                   |
| Attach | <b>B</b> - Personal property subject to additional pages if necessary.)   | o unexpired leases. (All three columns                                   | s of Part B must b | e complet                        | ed for each unexpired lease.      |
|        | or's Name:  | Describe Leased Property:  | U.                 | ase will be<br>S.C. § 365<br>YES | e Assumed pursuant to 11 5(p)(2): |

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Date August 31, 2015

Best Case Bankruptcy

Signature

/s/ Bradley M Steinberg

**Bradley M Steinberg** 

Debtor

### United States Bankruptcy Court Northern District of Ohio

| In re  | Bradley M Steinberg   |   | Case No.                |                         |              |
|--------|---|---|-------------------------|-------------------------|--------------|
|        |   | Debtor(s)   | Chapter                 | 7                       |              |
|        | DISCLOSURE OF COMP  | ENSATION OF ATTO  | RNEY FOR D              | EBTOR(S)                |              |
| c      | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation   | ing of the petition in bankruptcy   | y, or agreed to be paid | to me, for services re- | ndered or to |
|        | For legal services, I have agreed to accept   |   | \$                      | 2,000.00                |              |
|        | Prior to the filing of this statement I have received   | 1   | \$                      | 2,000.00                |              |
|        | Balance Due   |   | \$                      | 0.00                    |              |
| 2. T   | The source of the compensation paid to me was:  |   |                         |                         |              |
|        | ■ Debtor □ Other (specify):   |   |                         |                         |              |
| 3. Т   | The source of compensation to be paid to me is:   |   |                         |                         |              |
|        | ■ Debtor □ Other (specify):   |   |                         |                         |              |
| 1. I   | I have not agreed to share the above-disclosed con  | pensation with any other person   | n unless they are men   | bers and associates of  | my law firm. |
| [      | ☐ I have agreed to share the above-disclosed compercopy of the agreement, together with a list of the n   |   |                         |                         | w firm. A    |
| 5. I   | In return for the above-disclosed fee, I have agreed to   | render legal service for all aspec  | cts of the bankruptcy   | case, including:        |              |
| b<br>c | Analysis of the debtor's financial situation, and renote. Preparation and filing of any petition, schedules, storage Representation of the debtor at the meeting of credit. [Other provisions as needed]  See Fee Agreement | atement of affairs and plan whic  | ch may be required;     | -                       | ruptcy;      |
| 5. E   | By agreement with the debtor(s), the above-disclosed f See Fee Agreement  | ee does not include the following   | ng service:             |                         |              |
|        |   | CERTIFICATION   |                         |                         |              |
|        | certify that the foregoing is a complete statement of a ankruptcy proceeding.   | ny agreement or arrangement fo  | or payment to me for r  | epresentation of the de | ebtor(s) in  |
| Dated  | : _August 31, 2015  | /s/ Mary Ann Ra   |                         |                         |              |
|        |   | Mary Ann Rabin<br>Rabin & Rabin O<br>55 Public Squar<br>Suite 1510<br>Cleveland, OH 4 | Co. LPA<br>e            |                         | -            |
|        |   | 216-771-8084 F  | ax: (216) 771-4615      |                         |              |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OHIO

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

B 201B (Form 201B) (12/09)

### United States Bankruptcy Court Northern District of Ohio

| In re | Bradley M Steinberg                    |                                   | Case No. |      |  |
|-------|--|-----------------------------------|----------|------|--|
|       |  | Debtor(s)                         | Chapter  | 7    |  |
|       | CERTIFICATION OF N<br>UNDER § 342(b) C | OTICE TO CONSUL<br>OF THE BANKRUP |          | R(S) |  |

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| Bradley M Steinberg          | X /s/ Bradley M Steinberg          | August 31, 2015 |
|------------------------------|------------------------------------|-----------------|
| Printed Name(s) of Debtor(s) | Signature of Debtor                | Date            |
| Case No. (if known)          | X                                  |                 |
|                              | Signature of Joint Debtor (if any) | Date            |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

### United States Bankruptcy Court Northern District of Ohio

| In re   | Bradley M Steinberg                 |  | Case No.           |                       |
|---------|-------------------------------------|--|--------------------|-----------------------|
|         |                                     | Debtor(s)  | Chapter            | 7                     |
|         | VERII                               | FICATION OF CREDITOR I                           | MATRIX             |                       |
| The abo | ove-named Debtor hereby verifies th | at the attached list of creditors is true and co | orrect to the best | of his/her knowledge. |
| Date:   | August 31, 2015                     | /s/ Bradley M Steinberg                          |                    |                       |
|         |                                     | Bradley M Steinberg                              |                    |                       |
|         |                                     | Signature of Debtor                              |                    |                       |

AES/Goal Financial PO Box 61047 Harrisburg, PA 17106

Amex PO Box 297871 Fort Lauderdale, FL 33329

Bond Sippola DeJoy & Company 2786 SOM Center Road Willoughby Hills, OH 44094

Chase Card PO Box 15298 Wilmington, DE 19850

Citi PO Box 6241 Sioux Falls, SD 57117

City of Cleveland Division of Water 1201 Lakeside Avenue Cleveland, OH 44114

Cleveland Clinic Physicians 9500 Euclid Avenue Cleveland, OH 44106

Stan C.Cwalinski 409 East Avenue, Suite B Elyria, OH 44035

Discover PO Box 6103 Carol Stream, IL 60197-6103

Doreen Abdullovski 18016 Winslow Road Shaker HEIGHTS, OH 44122

First Federal Svgs & L 14806 Detroit Ave Lakewood, OH 44107 Glhegc PO Box 7860 Madison, WI 53707

Huntington Mortgage Co 7575 Huntington Park Dr Columbus, OH 43235

Huntington National Ba 7 Easton Oval Columbus, OH 43219

Internal Revenue Service Insolvency Group 3 1240 East Ninth Street, Rm 403 Cleveland, OH 44199

KPFF LLC 24500 Chagrin Blvd. #315 Beachwood, OH 44122

Melvin Kamins 12 Longmeadow` Beachwood, OH 44122

Meyers Roman Friedberg & Lewis 28601 Chagrin Blvd. Beachwood, OH 44122

Moose Park LLC 2100 Park Avenue PO Box 680643 Park City, UT 84068

Christian E. Niklas 75 Public Square 4th Floor Cleveland, OH 44113

Northeast Ohio Regional Sewer Distr PO Box 94550 Cleveland, OH 44101-4550

Park Synagogue 27500 Shaker Blvd Pepper Pike, OH 44124 Performant Recovery, Inc. PO Box 9054 Pleasanton, CA 94566-9054

Revenue Group PO Box 93983 Cleveland, OH 44101-5983

Jane R. Buder Shapiro, Ph.D 3601 Green Road Suite 210 Beachwood, OH 44120

Transworld Systems 507 Prudential Road Horsham, PA 19044

Transworld Systems Inc. 5626 Frantz Road Dublin, OH 43017

WOW Internet-Cable-Phone PO Box Carol Stream, IL 60197-4350

| Fill in this information to identify your case:  |  |  | heck one<br>orm 22A-       |                        | s directed in this for   | m and in                        |
|--|--|--|----------------------------|------------------------|--|---------------------------------|
| Debtor 1 Bradley M Steinberg   |  |  |                            |                        |  |                                 |
| Debtor 2 (Spouse, if filing)   |  |  |                            | •                      | sumption of abuse  |                                 |
| United States Bankruptcy Court for the: Northern District of   | Ohio   |  | арр                        | lies will be r         | to determine if a presur<br>made under <i>Chapter 7 i</i><br>iicial Form 22A-2). |                                 |
| Case number (if known)   |  |  | ☐ 3. The                   | Means Test             | does not apply now be<br>y service but it could ap                               |                                 |
|  |  |  |                            |                        | •  |                                 |
| Official Form 22A 1  |  |  | □ Cneci                    | CII this is a          | n amended filing   |                                 |
| Official Form 22A - 1  |  |  |                            |                        |  |                                 |
| <b>Chapter 7 Statement of Your Cur</b>   | rent M                                       | onthly In  | come                       |                        |  | 12/14                           |
| Be as complete and accurate as possible. If two married papers is needed, attach a separate sheet to this form. Incadditional pages, write your name and case number (if knyou do not have primarily consumer debts or because of Presumption of Abuse Under § 707(b)(2) (Official Form 22 Part 1: Calculate Your Current Monthly Income | lude the lin<br>nown). If yo<br>qualifying i | e number to wh<br>u believe that yo<br>military service, | ich the adou               | ditional info          | ormation applies. On<br>a presumption of ab                                      | the top of any use because      |
| What is your marital and filing status? Check one on   | dv.  |  |                            |                        |  |                                 |
| Not married. Fill out Column A. lines 2-11.  | ııy.   |  |                            |                        |  |                                 |
| ,  |  | 4 15 "   | 0.44                       |                        |  |                                 |
| ☐ Married and your spouse is filing with you. Fill ou  |  |  | es 2-11.                   |                        |  |                                 |
| ☐ Married and your spouse is NOT filing with you.  | •  | •  |                            |                        |  |                                 |
| ☐ Living in the same household and are not lega  | •  |  |                            | •                      |  |                                 |
| Living separately or are legally separated. fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading   | egally separa                                | ated under nonba   | ankruptcy la               | w that appli           | es or that you and you   |                                 |
| Fill in the average monthly income that you received fit case. 11 U.S.C. § 101(10A). For example, if you are filing of your monthly income varied during the 6 months, add the income amount more than once. For example, if both spoulf you have nothing to report for any line, write \$0 in the spoul.                                | on Septemb<br>ne income fo<br>uses own the   | per 15, the 6-mor<br>or all 6 months ar                  | nth period wand divide the | ould be Ma total by 6. | rch 1 through August 3<br>Fill in the result. Do no                              | 1. If the amount it include any |
|  |  |  | Column Debtor 1            |                        | Column B Debtor 2 or non-filing spouse   |                                 |
| Your gross wages, salary, tips, bonuses, overtime, a all payroll deductions).  | and commi                                    | ssions (before   | \$                         | 3,510.53               | \$   |                                 |
| 3. <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.  | payments fr                                  | om a spouse if   | \$                         | 0.00                   | \$   |                                 |
| 4. All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3.   | Include reg<br>I, your depe                  | ular contributions<br>ndents, parents,                   | 3                          | 0.00                   | \$   |                                 |
| 5. Net income from operating a business, profession,   | or farm                                      |  |                            |                        |  |                                 |
| Gross receipts (before all deductions)   | \$ 0.0                                       |  |                            |                        |  |                                 |
| Ordinary and necessary operating expenses  | -\$ 0.0                                      |  |                            |                        |  |                                 |
| Net monthly income from a business, profession, or farm  | m \$ <b>0.</b> 0                             | OO Copy here -   | > \$                       | 0.00                   | \$   |                                 |
| 6. Net income from rental and other real property  |  |  |                            |                        |  |                                 |
| Gross receipts (before all deductions)   | \$ 0.0                                       |  |                            |                        |  |                                 |
| Ordinary and necessary operating expenses  | -\$ 0.0                                      |  | •                          | 0.00                   | •  |                                 |
| Net monthly income from rental or other real property  | \$0.0  | O Copy here -  | > \$                       | 0.00                   | \$   |                                 |

Official Form 22A-1

**Chapter 7 Statement of Your Current Monthly Income** 

0.00

page 1

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7. Interest, dividends, and royalties

|   | g  |  |                  | Case number           | er ( <i>if known</i> ) |                              |               |                              |
|---|--|--|------------------|-----------------------|------------------------|------------------------------|---------------|------------------------------|
|   |  |  |                  | Column A Debtor 1     |                        | Column B Debtor 2 non-filing | or            |                              |
| Unemployment compensation   | tion   |  |                  | \$                    | 0.00                   | \$                           |               |                              |
| Do not enter the amount if younder the Social Security Ac   | ct. Instead, list it here:   |  | nefit            |                       |                        |                              |               |                              |
| For you<br>For your spouse  |  | \$   | 0.00             |                       |                        |                              |               |                              |
|   |  |  |                  |                       |                        |                              |               |                              |
| Pension or retirement inco<br>benefit under the Social Sec  |  | ny amount received that  | was a            | \$                    | 0.00                   | \$                           |               |                              |
| Do not include any benefits a received as a victim of a war domestic terrorism. If necessitotal on line 10c.  | received under the So<br>r crime, a crime again<br>sary, list other sources  | cial Security Act or paym<br>st humanity, or internatio<br>s on a separate page and                                    | nents<br>onal or | œ                     | 0.00                   | ¢.                           |               |                              |
| 10a   |  |  |                  | \$                    | 0.00                   | <b>\$</b>                    |               |                              |
| 10b.  |  |  |                  | \$                    | 0.00                   | \$                           |               |                              |
| 10c. Total amounts from   | separate pages, if ar  | ıy.  | +                | \$                    | 0.00                   | \$                           |               |                              |
| . Calculate your total current each column. Then add the  |  |  | \$               | 3,510.53              | + \$                   |                              | = \$_         | 3,510.5                      |
| . Calculate your current mor  | nthly income for the monthly income from   | year. Follow these steps   |                  | Cor                   | vy lino 11 k           |                              |               |                              |
| a. Jopy your total cullett  |  |  |                  | OO                    | y iiile i i i          | nere=> 12                    | ?a.   \$      | 3,510.5                      |
|   |  |  |                  |                       | y iine i i i           | nere=> 12                    |               | •                            |
| Multiply by 12 (the num   | nber of months in a ye   | ar)  |                  |                       | oy iiile 111           |                              | X             | 12                           |
| Multiply by 12 (the num   | nber of months in a ye   | ar)<br>of the form   |                  |                       | y inte 111             |                              | X             | 12                           |
| Multiply by 12 (the num   | nber of months in a yet al income for this part  | ar)<br>of the form   |                  |                       | y ine 111              |                              | X             | 3,510.53<br>12<br>42,126.36  |
| Multiply by 12 (the num 12b. The result is your annum Calculate the median famil Fill in the state in which you Fill in the number of people  | nber of months in a year income for this part  Iy income that applied live.  in your household.  | of the form  es to you. Follow these s  OH   | steps:           |                       |                        |                              | X             | 12<br><b>42,126.3</b> 6      |
| Multiply by 12 (the num 12b. The result is your annum 12b. Calculate the median family Fill in the state in which you   | nber of months in a year income for this part  Iy income that applied live.  in your household.  | of the form  es to you. Follow these s  OH   | steps:           |                       |                        |                              | <b>x</b>      | 12                           |
| Multiply by 12 (the num 12b. The result is your annum 12b. Calculate the median family Fill in the state in which you 12b. Fill in the number of people in Fill in the median family income.  | nber of months in a year al income for this part ly income that applied live.  In your household.  The properties of the part  | of the form  es to you. Follow these s  OH   | steps:           |                       |                        | 12                           | <b>x</b>      | 12<br><b>42,126.3</b> 6      |
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| Multiply by 12 (the num  12b. The result is your annum  Calculate the median famil  Fill in the state in which you  Fill in the number of people is  Fill in the median family incompare  How do the lines compare  14a. Line 12b is less Go to Part 3.  14b. Line 12b is mor   | nber of months in a year al income for this part ly income that applied live.  in your household.  ome for your state and are.   | of the form  es to you. Follow these s  OH  3  I size of household.  | steps:           | ox 1, <i>There is</i> | s no presun            | 12<br>13<br>nption of abo    | x \$          | 12<br>42,126.36<br>63,142.00 |
| Multiply by 12 (the num  12b. The result is your annum  Calculate the median famil  Fill in the state in which you  Fill in the number of people is  Fill in the median family incompanies  How do the lines companies  4a. Line 12b is less Go to Part 3.  14b. Line 12b is mor Go to Part 3 and   | nber of months in a year al income for this part ly income that applied live.  in your household.  ome for your state and live?  Is than or equal to line of the than line 13. On the  | of the form  es to you. Follow these s  OH  3  size of household   | steps:           | ox 1, <i>There is</i> | s no presun            | 12<br>13<br>nption of abo    | x \$          | 12<br>42,126.30<br>63,142.00 |
| Multiply by 12 (the num  12b. The result is your annum  Calculate the median family  Fill in the state in which you  Fill in the number of people is  Fill in the median family incompare  How do the lines compare  14a. Line 12b is less Go to Part 3.  14b. Line 12b is morn Go to Part 3 and  Sign Below  | nber of months in a year all income for this part ly income that applied live.  In your household.  In your state and the state  | of the form  es to you. Follow these s  OH  3  size of household   | steps:           | ox 1, There is        | s no presun            | 12<br>13<br>Inption of abo   | x \$          | 12<br>42,126.3<br>63,142.0   |
| Multiply by 12 (the num  12b. The result is your annum  Calculate the median family  Fill in the state in which you  Fill in the number of people is  Fill in the median family incompare  How do the lines compare  14a. Line 12b is less Go to Part 3.  14b. Line 12b is mor Go to Part 3 and  Sign Below  By signing here, I declar  X /s/ Bradley M Stein | nber of months in a year al income for this part ly income that applied live.  In your household, once for your state and stand or equal to line are than line 13. On the dill out Form 22A-2.  The are under penalty of particles in berg   | of the form  so to you. Follow these so  OH  3  size of household.  13. On the top of page 1, top of page 1, check box | steps:           | ox 1, There is        | s no presun            | 12<br>13<br>Inption of abo   | x \$s. \$use. | 12<br>42,126.30<br>63,142.00 |
| Multiply by 12 (the num  12b. The result is your annum  Calculate the median family  Fill in the state in which you  Fill in the number of people is  Fill in the median family incompare  How do the lines compare  14a. Line 12b is less Go to Part 3.  14b. Line 12b is mor Go to Part 3 and  Sign Below  By signing here, I declar                        | nber of months in a year al income for this part ly income that applied live.  In your household.  In your household.  In your state and line as than or equal to line are than line 13. On the dill out Form 22A-2.  In your household.  In your hous | of the form  so to you. Follow these so  OH  3  size of household.  13. On the top of page 1, top of page 1, check box | steps:           | ox 1, There is        | s no presun            | 12<br>13<br>Inption of abo   | x \$s. \$use. | 12<br>42,126.3<br>63,142.0   |

If you checked line 14a, do NOT fill out or file Form 22A-2. If you checked line 14b, fill out Form 22A-2 and file it with this form.

Official Form 22A-1

**Chapter 7 Statement of Your Current Monthly Income** 

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